



For Immediate Release
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**Hearing Statement of Senator Max Baucus (D-Mont.)
Regarding Indian Health, Debt Limit, Subcommittee Assignments
Finance Committee Markup**

The Committee meets today to consider three items:

An original bill entitled the "Medicare, Medicaid, and SCHIP Indian Health Care Improvement Act of 2007," H.J. Res. 43, Increasing the statutory limit on the public debt, and Subcommittee assignments.

In his 1802 Address to Indian Nations, Thomas Jefferson said:

"Made by the same Great Spirit and living in the same land with our brothers . . . , we consider ourselves as of the same family; we wish . . . to cherish their interest as our own."

But when it comes to the health care of our Native American brethren, the Government has hardly cherished their interests as our own.

Native Americans suffer from tuberculosis at rates seven and a half times higher than the non-Indian population. The Native American suicide rate is 60 percent higher than the general population.

Medicare spends about \$6,800 per person a year. Medicaid spends about \$4,300 per person. The Bureau of Prisons spends about \$3,200. But the Bureau of Indian Affairs spends only \$2,100.

That's less than a third of Medicare, less than half of Medicaid, and a third less than what the Federal government spends for medical care for prisoners.

Funding for the Indian Health Service is so low that a Tribal member better not get sick after June of any given year. That's because after June, there is no health care available in Indian Health Service facilities, except for life-or-death situations.

We could reduce some of the financial and human cost of these disparities with better access to health care. And moving our part of the Indian Health Act would be a good start.

And so, once again, we are marking up the "Medicare, Medicaid, and SCHIP Indian Health Care Improvement Act." The Committee reported pretty much the same bill by a unanimous vote in the last Congress. We intend this bill to become part of the larger Indian health bill. The Indian Affairs Committee ordered that bill reported on May 10 of this year.

Congress passed the original Indian health act in 1976. For the last 15 years, however, Native Americans have been waiting for Congress to reauthorize the law.

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The provisions that we deal with today are the ones within the Finance Committee's jurisdiction. Our bill deals with Medicare, Medicaid, and CHIP. These provisions improve access to high-quality and culturally-appropriate health care throughout Indian Country.

This bill is crucial for the more than 66,000 Native Americans who live in Montana. And it is crucial for the millions of Native Americans throughout America.

The bill also provides for the urban Indians who comprise approximately 60 percent of the Native American population in the United States. As the report for the Indian Health Care Amendments of 1987 said:

"The responsibility for the provision of health care . . . does not end at the borders of an Indian reservation. Rather, government relocation policies . . . have in many instances forced Indian people . . . to relocate in urban areas, and the responsibility for the provision of health care services follows them there."

We owe the first inhabitants of this Nation better access to quality health care. We owe them medical care consistent with the medical care found in mainstream hospitals and clinics. We owe them the same medical care that we provide to the other members of our family.

Today we also need to mark up legislation to increase the Federal debt limit. We have no choice about this. Treasury Secretary Paulson has written to the Congress that we must increase the debt limit by early October, or the U.S. Government will default for the first time in its history.

The House has sent the Senate legislation to increase the debt limit by \$850 billion. This increase would carry us into calendar year 2009. And that would avoid the need to raise the debt limit during the election year, when the issue might become a political football.

The increase of \$850 billion would be the third largest debt limit increase in U.S. history. Including this latest increase, we will have raised the debt ceiling by \$3 trillion since 2001. During that time, we will have raised it from \$6 trillion to \$9 trillion — a 50 percent increase.

We must do better with our fiscal policies. We must not lower the standard of living of our children and our grandchildren.

We need to pass this debt limit increase promptly. Delay would force the Treasury to use extraordinary measures to avoid hitting the debt ceiling. And that could create uncertainty in the financial markets. When global financial markets are already concerned about the value of sub-prime mortgage securities, it is no time to generate additional uncertainty in the credit markets. So I urge my Colleagues to pass this debt limit increase.

Finally, we need to complete the Committee's organization of our subcommittees in the wake of the death of our late friend and Colleague Craig Thomas. And we will also do that once we have achieved a quorum and voted on the other matters.

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